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APPLICATION NO.	FILING DATE		717.07				(Date)
09/756,125	01/09/2001	-	FIRST NAMED INVEN		ATTORNEY	OOCKET NO.	CONFIRMATION NO.
TITLE OF INVENTION: CHRONIC RHEUMATOID ARTHRITIS		ATOID ARTHRITIS TL	Tadamitsu Kishimo	055400/0		166/0296	6506
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Address form PTO/SB	7/122) attached.	(2) the name of a si	or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PTO/SB/47; Rev 03-0. Number is required.	cation (or "Fee Address' 2 or more recent) attache	2 registered attorney					
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3. ASSIGNEE NAME AN PLEASE NOTE: Unio	ess an assignce is identi	ified below, no assigne	THE PATENT (print or	type)	aa ia ia aantoo	11.1	
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) PESIDENCE: (CITY and STATE OF COLUMENTS.							
1) Chugai Seiyaku Kabushika Kaisha 1) Tokyo, Japan							
2) Tadamistu K			2) Osaka, J	apan			
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